PSYCHIATRIC DIAGNOSIS

Review of the DSM-IV-TR Criteria for the Diagnosis of Mental Disorders

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PSYCHIATRIC DIAGNOSIS

- Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)
- U.S. Standard for Psychiatric Diagnosis
- American Psychiatric Association (APA)
- International Classification of Diseases-Clinical Modification (ICD-9-CM) – Official U.S. Coding System

WHY IS DIAGNOSIS IMPORTANT?

- Provides a common understanding of a condition and how it is commonly treated
- Aids in treatment planning and medical management
- Aids in patient education
- Fundamental to medical record keeping
- Facilitates data collection, retrieval, and analysis
- Necessary for reimbursement

SUBTYPES AND SPECIFIERS

- *Subtypes* define mutually exclusive and jointly exhaustive phenomenological subgroupings within a diagnosis
- *Specifiers* are not intended to be mutually exclusive or jointly exhaustive
- *Both* subtypes and specifiers *increase* specificity in diagnosis

SEVERITY AND COURSE SPECIFIERS

- Mild, Moderate, Severe
- Partial Remission, Full Remission
- Prior History, Recurrence
- Principal Diagnosis, Reason for Visit
- Provisional Diagnosis
- Disorder – Not Otherwise Specified

TYPES OF INFORMATION IN THE DSM-IV-TR TEXT

- Diagnostic Features
- Subtypes and/or Specifiers
- Associated Features and Disorders
  - Associated descriptive features and mental disorders
  - Associated laboratory findings
  - Associated physical examination findings and general medical conditions

TYPES OF INFORMATION IN THE DSM-IV-TR TEXT

- Specific Culture, Age, and Gender Features
- Prevalence
- Course
- Familial Pattern
- Differential Diagnosis

16 MAJOR DIAGNOSTIC CLASSES

- Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence
- Delirium, Dementia, and Amnestic and Other Cognitive Disorders
- Mental Disorders Due to a General Medical Condition
- Substance-Related Disorders
- Schizophrenia and Other Psychotic Disorders

16 MAJOR DIAGNOSTIC CLASSES

- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Sexual and Gender Identity Disorders
- Eating Disorders

16 MAJOR DIAGNOSTIC CLASSES

- Sleep Disorders
- Impulse-Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders

Additionally, there is a section on other conditions that may be a focus of clinical attention

MULTIAXIAL DIAGNOSTIC SYSTEM

- MULTIAXIAL DIAGNOSTIC SYSTEM
  - AXIS I — Clinical Disorders, Other Conditions that my be a focus of attention
  - AXIS II — Personality Disorders, Mental Retardation
  - AXIS III — General Medical Conditions
  - AXIS IV — Psychosocial/Environmental Problems
  - AXIS V — Global Assessment of Functioning/Children's Global Assessment of Functioning

GLOBAL ASSESSMENT OF FUNCTIONING (GAF)

- Adult GAF
- Children's Global Assessment Scale (CGAS)
  - For ages 4-16
- GAF and CGAS both assign a specific numerical rating of the person's overall functioning
- Scales are in 10 point increments with a general description of the level of functioning within the range

GLOBAL ASSESSMENT OF FUNCTIONING (GAF)

- Assigns a numerical rating on a scale from 0-100
- Evaluator to use clinical judgment based upon his/her total experience with the population
- Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness
- GAF/CGAF used to track clinical progress over time

GLOBAL ASSESSMENT OF FUNCTIONING (GAF)

- For adults, a GAF score of 50 or less along with a qualifying SMI diagnosis triggers an SMI Determination.
- (See SMI Determination Addendum of the Assessment)

DISORDERS OF INFANCY, CHILDHOOD OR ADOLESCENCE

Mental Retardation (Axis II) 1-2 % of the Population

- Significantly Below Average Intellectual Functioning
  - Intellectual Quotient (IQ) below 70 on standardized testing
  - WISC-R, WAIS III, WPPSI, Stanford-Binet
- Concurrent Deficits or Impairments in Adaptive Functioning
  - Communication, Self-care, Home Living, Social Interpersonal Skills, Use of Community Resources, Self Direction, Functional Academic Skills, Work, Leisure, Health and Safety
- Onset Before Age 18 years

INTELLECTUAL FUNCTIONING

- Borderline Intellectual Functioning
  - IQ ~70-85
- Normal Intelligence
  - IQ ~85-115
- Superior intelligence
  - IQ ~115 or Higher

MENTAL RETARDATION

- **Mild Mental Retardation – IQ ~55-69**
  - **85% of MR cases**
- **Moderate Mental Retardation – IQ ~ 40-55**
  - **10% of MR cases**
- **Severe Mental Retardation – IQ ~ 25-40**
  - **<5% of MR cases**
- **Profound Mental Retardation – IQ ~25 or Below**
  - **<3% of MR cases**

LEARNING DISORDERS

- **Reading Disorder**
- **Mathematics Disorder**
- **Disorder of Written Expression**
- **Learning Disorder NOS**

MOTOR SKILLS DISORDER

- **Developmental Coordination Disorder**

COMMUNICATION DISORDERS

- **Expressive Language Disorder**
- **Mixed Receptive-Expressive Language Disorder**
- **Phonological Disorder**
- **Stuttering**
- **Communication Disorder NOS**

PERVASIVE DEVELOPMENTAL DISORDERS

- **Autistic Disorder**
- **Rett's Disorder**
- **Chilhood Disintegrative Disorder**
- **Asperger's Disorder**
- **Pervasive Developmental Disorder NOS**

PERVASIVE DEVELOPMENTAL DISORDERS

Delays or abnormal functioning in:

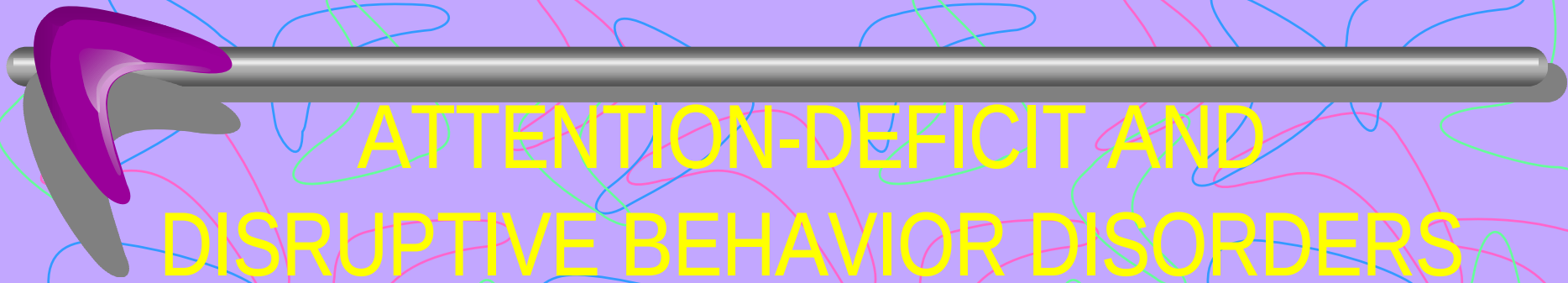
- **Social Interactions**
- **Communication**
- **Restrictive Repetitive and Stereotyped Patterns of Behavior, Interests and Activities**

DISTINGUISHING ASPERGER'S SYNDROME FROM AUTISM

Autistic Disorder and Asperger's Syndrome:

- 10-15 / 10,000 population

- Early cognitive and language skills not delayed
- Evidence of disorder has later onset
- Greater motivation for engaging others, but done in an eccentric, one-sided, insensitive manner



ATTENTION-DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS

- Attention-Deficit/Hyperactivity Disorder
- Attention-Deficit/Hyperactivity Disorder NOS
- Conduct Disorder
- Oppositional Defiant Disorder
- Disruptive Behavior Disorder NOS

ATTENTION-DEFICIT / HYPERACTIVITY DISORDER

- 3 – 10 % of Population
- 3:1 Male to Female Ratio
- Clinical Management: Combination of Somatic (Medication) Therapy and Behavioral Management

DISRUPTIVE BEHAVIOR DISORDERS

- **Conduct Disorders:**
  - **Repetitive and Persistent Pattern of Behavior That Violate Rights of Others or Age-Appropriate Social Norms**
    - **Aggression to People and Animals**
    - **Destruction of Property**
    - **Deceitfulness and Theft**
    - **Serious Violations of Rules**
  - **10 % of Boys, 2 % of Girls: Often Develops into Adult Antisocial Personality**

DISRUPTIVE BEHAVIOR DISORDERS

- **Oppositional Defiant Disorder:**
  - **Persistent and Totally Negative, Hostile, and Defiant Behavior**

DELIRIUM, DEMENTIA, AND AMNESTIC AND OTHER COGNITIVE DISORDERS

DELIRIUM

- Disturbance of Consciousness
- Change in Cognition
- Develops Over a Short Period of Time
- Fluctuates
- **Look For Underlying Medical Cause**

DELIRIUM

- Delirium Due to . . .
- Substance Intoxication Delirium
- Substance Withdrawal Delirium
- Delirium Due to Multiple Etiologies
- Delirium NOS

DEMENTIA

- Alzheimer's Dementia:
- Risks: Up to 50 % of First-Degree Relatives by Age 90 Years
  - Memory Impairment
  - Cognitive Disturbances
    - Aphasia, Apraxia, Agnosia
    - Executive Functioning: Planning, Organizing, Sequencing, Abstracting

DEMENTIA

Alzheimer's Dementia:

- **Gradual Onset and Continuing Cognitive Decline**
  - **Pre-Senile (<65 yo) or Senile (>65 yo) Onset**

DEMENTIA

- Vascular Dementia: Multi-Infarct Dementia
- Dementia Due to General Medical Conditions:
  - HIV Infection
  - Head Injury
  - Parkinson's, Huntington's, Pick's, Creutzfeld-Jacob's Disease
  - Brain Tumors, Hydrocephalus
  - Substance-Induced Persisting Dementias

AMNESTIC DISORDERS

- Amnestic Disorder Due to . . .
- Substance-Induced Persisting Amnestic Disorder
- Amnestic Disorder NOS

SUBSTANCE-RELATED DISORDERS

- Substance Dependence:
  - **Tolerance Develops**
  - **Characteristic Withdrawal Syndromes**
  - **Taking Substance in Larger Amounts or Over Longer Time Than Intended**
  - **Persistent Desire or Unsuccessful Efforts to Cut Down or Control Use**
  - **Spending a Great Deal of Time Obtaining/Using/Recovering**
  - **Use Despite Knowledge of Persistent/Recurrent Physical /Psychological Problems**

SUBSTANCE-RELATED DISORDERS

- **Substance Abuse:**
  - **Maladaptive Pattern of Substance use:**
    - **Recurrent Use Results in Failure in Role Obligations (Work/School/Home)**
    - **Use in Hazardous Situations: Driving Under Influence**
    - **Recurrent use-Related Legal Problems (Arrests/Assaults/ Disorderly Conduct)**
    - **Continued Use Despite Persistent/Recurrent Social/Interpersonal Problems**

SUBSTANCE-RELATED DISORDERS

Multitude of Classifications:

- **See pages 16 – 19 of DSM-IV-TR Classification**
- **Over 100 pages in DSM-IV-TR are substance-related disorder descriptions**
- **Specific presentation is related to drug(s) of abuse**
- **Use Core Assessment Substance Abuse section, pages to assist in classification**

SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS

- **Schizophrenia:**
  - **1 % of Population**
  - **Peak Onset: Late Teens,Early 20's**

SCHIZOPHRENIA

- Characteristic Symptoms:
  - Delusions
  - Hallucinations
  - Disorganized Speech
  - Grossly disorganized or Catatonic Behavior
  - Negative Symptoms: Flat/Blunted Affect, Alogia, Avolition, Apathy, Anhedonia

SCHIZOPHRENIA

- **Social/Occupational Dysfunction:**
  - **Markedly Below Pre-Morbid Functioning in:**
    - **School or Work**
    - **Interpersonal Relationships**
    - **Self Care**
- **Duration:**
  - **Continuous Signs Persist >6 Months**

SCHIZOPHRENIA SUBTYPES

- Paranoid Type
- Disorganized type
- Catatonic Type
- Undifferentiated
- Residual Type

PARANOID TYPE

- Paranoid Type:
  - Preoccupation with One or More Delusions or Frequent Auditory Hallucinations
  - None of the following is Prominent:
    - Disorganized Speech, Disorganized or Catatonic Behavior, or Flat or Inappropriate Affect

DISORGANIZED TYPE

All of the Following are Prominent:

- Disorganized Speech
- Disorganized Behavior
- Flat of Inappropriate Affect

– The Criteria Are Not Met for Catatonic Type

CATATONIC TYPE

The Clinical Picture Is Dominated by at Least Two of the Following:

- **Motoric Immobility as Evidenced by Catalepsy or Stupor**
- **Excessive Motor Activity**
- **Extreme Negativism (Apparently Motiveless Resistance to All instructions or Maintenance of a Rigid Posture Against Attempts to Be Moved) and Mutism**

CATATONIC TYPE

- Peculiarities of Voluntary Movement as Evidenced by Posturing (Inappropriate or Bizarre Postures), Stereotyped Movements, Prominent Mannerisms, or Prominent Grimacing

- Echolalia or Echopraxia

UNDIFFERENTIATED TYPE

- A Type of Schizophrenia in Which Symptoms That Meet Criterion A Are Present, but The Criteria Are Not Met for The Paranoid, Disorganized, or Catatonic Type

RESIDUAL TYPE

- Absence of Prominent Delusions, Hallucinations, Disorganized Speech, and Grossly Disorganized or Catatonic Behavior
  - Continuing Evidence of a Disturbance, as Indicated by The Presence of Negative Symptoms or 2 or More Symptoms Listed in Criterion A for Schizophrenia

SCHIZOPHRENIFORM DISORDER

- Criteria for Schizophrenia Are Met
- An Episode of the Disorder Lasts at Least 1 Month but Less Than 6 Months
- *Good Prognostic Features:
  - Onset of Psychotic Symptoms Within 4 Weeks of 1st Notable Change in Usual Behavior or Function
  - Confusion or Perplexity
  - Good Pre-morbid Social and Occupational Functioning
  - Absence of Blunted or Flat Affect

SCHIZOAFFECTIVE DISORDER

- During the Same Period of Illness, There Have Been Delusions or Hallucinations for At Least 2 Weeks in the Absence of Prominent Mood Symptoms
- Symptoms of a Mood Episode are Present for a Substantial Portion of the Total Duration of Illness.

DELUSIONAL DISORDERS

- Non-bizarre Delusions of at Least 1 Month Duration
  - Criterion for Schizophrenia Has Never Been Met
  - Apart From the Impact of Delusion(s), Functioning is Not Markedly Impaired/Behavior is Not Obviously Odd or Bizarre
  - Concurrent Mood Symptoms are Relatively Brief in Duration

DELUSIONAL DISORDERS

- Erotomanic Type
  - Delusions That Another Person, Usually of Higher Status, Is In Love With The Individual
- Grandiose Type
  - Delusions of Inflated Worth, Power, Knowledge, Identity, or Special Relationship to a Deity or Famous Person

DELUSIONAL DISORDERS

- Jealous Type
  - Delusions That The Individual's Sexual Partner Is Unfaithful
- Persecutory Type
  - Delusions That The Peron (Or Someone Close) Is Being Malevolently Treated In Some Way
- Somatic Type
  - Delusions That The Person Has Some Physical Defect or General Medical Condition

BRIEF PSYCHOTIC DISORDER

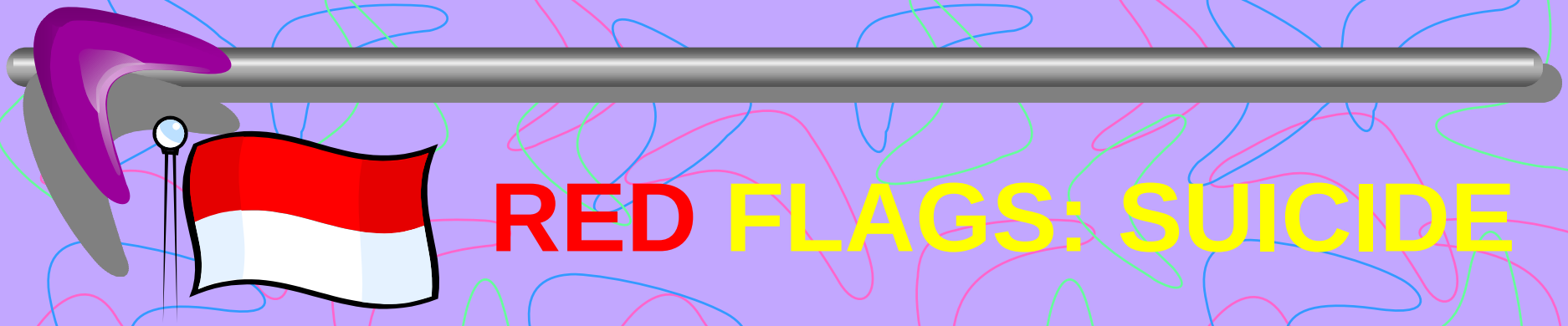
- Presence of One or More of the Following
  - Delusions
  - Hallucinations
  - Disorganized Speech
  - Grossly disorganized or Catatonic Behavior
- Duration of an Episode of the Disturbance is at least 1 day but less that 1Month, and full return to Pre-morbid Functioning

SHARED PSYCHOTIC DISORDER

- A Delusion Develops In An Individual In The Context of a Close Relationship With Another Person(s), Who Has An Already Established Delusion
  - The Delusion Is Similar In Content To That of The Person Who Already Has The Established Delusion

MOOD DISORDERS

- **Depressive disorders:**
  - **4.3 % of Population At Any Given Time**
  - **8 – 20% Lifetime Prevalence**
  - **2 : 1 Female to Male**
- **Bipolar Disorder:**
  - **O.5 – 1 % Lifetime Prevalence**
  - **3 : 2 Female to Male**
- **Dysthymic Disorder:**
  - **3 % Lifetime Prevalence**



RED FLAGS: SUICIDE

10-15 % of All Hospitalized with Depression

- **10-15 % of Persons with Bipolar Disorder**
- **Epidemic of Suicide Among Adolescents and the Elderly**
- **Highest Risks for Those With Prior History Of Suicide Attempt; Family History of Suicide; Divorced, Widowed, Separated, or Living Alone; and Currently Abusing Substances**

DEPRESSIVE DISORDERS

- Major Depressive Disorder
  - Single episode
  - Recurrent
- Dysthymic Disorder
- Depressive Disorder NOS

MAJOR DEPRESSION SYMPTOMS

- Depressed Mood Most of the Day, Nearly Every Day
  - For a Child – Can Be Irritable Mood
- Markedly Diminished Interest or Pleasure in All, or Almost All, Activities Most of the Day, Nearly Every Day
- Significant Weight Loss or Weight Gain (5% or more of Body Weight), or Decrease or Increase In Appetite

MAJOR DEPRESSION SYMPTOMS (cont')

- Insomnia or Hypersomnia
- Psychomotor Agitation or Retardation
- Fatigue or Loss of Energy
- Feelings of Guilt or Worthlessness or Excessive or Inappropriate Guilt (Delusional Guilt)

MAJOR DEPRESSION SYMPTOMS

- Diminished Ability to Think or Concentrate, or Indecisiveness
- Recurrent Thoughts of Death, Recurrent Suicidal Ideation Without a Specific Plan, or a Suicide Attempt, or a Specific Plan for Committing Suicide
- Symptoms Cause Significant Distress or Impairment In Functioning

MANIC EPISODE

- Manic Episode:
  - Distinct Period of Abnormally and Persistently Elevated , Expansive, or Irritable Mood, Lasting At Least 1 Week
  - During the Period, 3 or More Are Present:
    - Inflated Self-esteem or Grandiosity
    - Decreased Need for Sleep (Feels Rested After Only 3 Hrs.)
    - Hyper-talkative or Pressured Speech

SYMPTOMS OF MANIA (cont'd)

- Flight of Ideas or Subjective Experience of Racing Thoughts
- Distractibility
- Increase in Goal-Directed Activities
- Excessive Involvement in Pleasurable Activities That Have a High Potential for Painful Consequences (Spending Sprees, Sexual Indiscretions, Foolish Business Investments)

MANIC EPISODE

- **Mood Disturbance Is Sufficiently Severe to Cause Marked impairment in Occupational Functioning or in Usual Social Activities or Relationships with Others, or to Necessitate Hospitalization to Prevent Harm to Self or Others or There Are Psychotic Features.**

PSYCHOTIC FEATURES MIXED EPISODE

- Criteria Are Met for Both a Manic Episode and for a Major Depressive Episode Nearly Every Day During At Least 1 week
- Mood disturbance Is Sufficiently Severe to Cause Marked Impairment

MAJOR DEPRESSIVE DISORDER

- Single Episode or Recurrent
- With or Without Psychotic Features
- With Catatonic Features
- With Melancholic Features
- With Atypical Features
- With Postpartum Onset

DYSTHYMIC DISORDER

- Depressed Mood for Most of the Day, for More days Than Not, for At Least 2 Years
- What is the difference between Major Depression and Dysthymic Disorder?

BIPOLAR DISORDERS

- Bipolar I Disorder:
  - Must have had at least One Episode of illness meeting the full criteria for Mania
- Bipolar II Disorder:
  - Never has had a Manic Episode
  - May have had episode of Hypomania
- Bipolar Disorder NOS

CYCLOTHYMIC DISORDER

- For at least 2 Yrs, the presence of numerous periods with Hypomania and Depression
- During the 2 Yr Period, the person has not been without smptoms for more than 2 months
- No episodes of Major Depression, Mania, or Mixed Episode

ANXIETY DISORDERS

- Panic Disorder
- Agoraphobia
- Specific Phobia
- Social Phobia
- Obsessive-Compulsive Disorder
- Posttraumatic Stress Disorder
- Generalized Anxiety Disorder

PANIC ATTACKS/DISORDER

- Discrete Periods of the following:
  - Palpitations
  - Sweating
  - Trembling or Shaking
  - Sensation of Shortness of Breath
  - Feeling of Choking
  - Nausea or Abdominal Distress
  - Feeling Dizzy, Unsteady, Lightheaded/Faint

PANIC DISORDER SYMPTOMS (cont'd)

- Derealization (Unreality) or Depersonalization (Detached)
- Fear of Losing Control or Going Crazy
- Fear of Dying
- Paresthesias (Numbness, Tingling)
- Chills or Hot Flushes

AGORAPHOBIA

- Anxiety about being in Places or Situations from which escape might be difficult or embarrassing, or in which help may not be available in an unexpected situation or situation that may lead to panic
- The Situations are avoided or are endured with marked distress, or require the presence of a companion

SPECIFIC PHOBIA

- Marked or Persistent Fear That Is Excessive or Unreasonable, Cued By the Presence or Anticipation of a Specific Object or Situation:
  - Flying
  - Heights
  - Animals
  - Receiving An Injection or Seeing Blood

SOCIAL PHOBIAS

- A Marked or Persistent Fear of One or More Social or Performance Situations In Which the Person Is Exposed to Unfamiliar People or to Possible Scrutiny By Others. The Individual Fears That He or She Will Act In a Way (Or Show Anxiety Symptoms) That Will Be Humiliating or Embarrassing

- Exposure to the Feared Social Situation Almost Invariably Provokes Anxiety or Panic Attack

SOCIAL PHOBIA (cont'd)

- The Person Recognizes That the Fear is Excessive or Unreasonable
- Feared Social or Performance Situations Are Avoided or Endured With Intense Anxiety or Distress
- The Avoidance, Anxious Anticipation, or Distress Interferes Significantly With Normal Activities
- Generalized Social Phobia

OBSESSIVE-COMPULSIVE DISORDER (OCD)

Obsessions:

- **Recurrent and Persistent Thoughts, Impulses, or Images That Are Experienced As Intrusive and Inappropriate, and That Cause Marked Anxiety or Distress**
- **The Thoughts, Impulses, or Images Are Not Simply Excessive Worries About Real-Life Problems**
- **The Person Attempts to Ignore or Suppress Them With Some Other Thought or Action**
- **The Person Recognizes That the Obsessions Are From His/Her Own Mind**

OBSESSIVE-COMPULSIVE DISORDER (OCD)

- **Compulsions:**
  - **Repetitive Behaviors (Hand Washing, Ordering,Checking) or Mental Acts (Praying, Counting, Repeating Words Silently) That the Person Feels Driven to Perform In Response to an Obsession, or According to Rules That Must Be Applied Rigidly**
  - **Are Aimed At Preventing or Reducing Distress or Preventing Some Dreaded Event or Situation, But Are Not Connected In a Realistic Way With What They are Designed to Neutralize or Prevent, or Are Clearly Excessive**

OBSESSIVE-COMPULSIVE DISORDER (OCD)

- At Some Point The Person Recognizes That The Obsessions or Compulsions Are Excessive or Unreasonable
- Obsessions or Compulsions Cause Marked Distress
- Some Persons May Have Poor Insight or Recognition That The Obsessions/Compulsions Are Excessive or Unreasonable

POST-TRAUMATIC STRESS DISORDER (PTSD)

- **The Person Has Been Exposed to a Traumatic Event In Which Both of The Following Are Present:**
  - **The Person Experienced, Witnessed, or Was Confronted With an Event(s) That Involved Actual or Threatened Death or Serious Injury, or a Threat to the Physical Integrity of Self or Others**
  - **The Person's Response Involved Intense Fear, Helplessness, or Horror**

POST-TRAUMATIC STRESS DISORDER (PTSD)

- **The Traumatic Event is Persistently Re-experienced In One or More of the Following Ways:**
  - **Recurrent and Intrusive Distressing Recollections of the Event**
  - **Recurrent Distressing Dreams of the Event**
  - **Acting or Feeling As If the Traumatic Event Were Recurring**
  - **Intense Psychological Distress at Exposure to Internal or External Cues That Symbolize or Resemble Aspects of the Event**
  - **Physiological Reactivity on Exposure to Internal or External Cues**

POST-TRAUMATIC STRESS DISORDER (PTSD)

- Persistent Avoidance or Numbing
- Persistent Symptoms of Increased Arousal
  - Course:
    - Acute: <3 Months
    - Chronic: >3 Months
    - Delayed Onset: Onset of Symptoms >6 Months After the Trauma

GENERALIZAED ANXIETY DISORDER

- Excessive Anxiety and Worry
- The Person Finds It Difficult to Control the Worry

GENERALIZAED ANXIETY DISORDER

- The Anxiety and Worry Are Associated With 3 or More of the Following:
  - Restlessness or Feeling Keyed Up or On Edge
  - Being Easily Fatigued
  - Difficulty Concentrating or Mind Going Blank
  - Irritability
  - Muscle Tension
  - Sleep Disturbance (Falling Asleep, Staying Asleep, or Restless Sleep)

SOMATOFORM DISORDERS

- Somatization Disorder
- Conversion Disorder
- Pain Disorder
- Hypochondriasis
- Body Dysmorphic Disorder

DISSOCIATIVE DISORDERS

- Dissociative Amnesia
- Dissociative Fugue
- Dissociative Identity Disorder
  - Multiple Personality Disorder

PARAPHILIAS

- Intense Sexually Arousing Fantasies, Urges, or Behaviors / Perversions
- The Person Acts On These With Resulting Significant Distress or Impairment in Social, Occupational, or Other Important Areas of Functioning

PARAPHILIAS

- Exhibitionism: Exposing
- Fetishism: Use of Non-Living Objects
- Frotteurism: Touching, Groping
- Pedophilia: Involving Children (Often 13 y.o. or Younger)
- Sexual Masochism: Made to Suffer (Beating, Bondage, or Humiliation)
- Sexual Sadism: Inflicting Suffering
- Transvestic Fetishism: Involving Cross-Dressing
- Voyeurism: Observing Unsuspecting Person's Nudity

EATING DISORDERS

- Anorexia Nervosa
- Bulimia Nervosa

ANOREXIA NERVOSA

- Refusal to Maintain Body Weight At or Above Minimally Normal Weight For Age and Height (<85% of Expected)
- Intense Fear of Gaining Weight or Becoming Fat, Even Though Underweight
- Disturbance In Perception of Body Weight or Shape, or Denial of the Seriousness of Current Low Weight
- Amenorrhea (No Menses for 3 or More Consecutive Months)

ANOREXIA NERVOSA

- Restricting Type:
  - No Binge-Eating or Purging Behaviors
- Binge-Eating/Purging Type:
  - Regularly Engages in Self-Induced Vomiting or the Misuse of Laxatives, Diuretics, or Enemas
- Death Rate 10-20%: One of the Most Lethal Disorders

BULIMIA NERVOSA

- Recurrent Episodes of Binge Eating;
  - Within a Discrete Period (e.g., <2 hours), Eating Food in Larger Amounts Than Most People Would Eat
  - Sense of Lack of Control Over Eating
- Recurrent Inappropriate Compensatory Behavior In Order to Prevent Weight Gain:
  - Self-Induced Vomiting; Misuse of Laxatives, Diuretics, Enemas, or Other Medications; Fasting; or Excessive Exercise

IMPULSE-CONTROL DISORDERS

- Intermittent Explosive Disorder:
  - **Sudden Violent Aggression**
- Kleptomania:
  - **Impulsive Stealing**
- Pyromania:
  - **Fire Setting**
- Pathological Gambling:
- Trichotillomania:
  - **Hair pulling/May Eat Hair**

PERSONALITY DISORDERS

- **Enduring Pattern of inner experience and Behavior That Deviates From the Expectations of the Individual's Culture Manifested In:**
  - **Cognition (Perceiving and Interpreting Self, Others, and Events**
  - **Affectivity (Range, Intensity, Lability, and Appropriateness of Emotional Response**
  - **Interpersonal Functioning**
  - **Impulse Control**

PERSONALITY DISORDERS

- Enduring Pattern of Personality Is Inflexible and Pervasive Across a Broad Range of Personal and Social Situations
- Enduring Pattern Leads to Significant Distress or Impairment In Social, Occupational, or Other Important Areas of Functioning
- Enduring Pattern Is Stable and Of Long Duration, and Its Onset Can Be Traced Back At Least To Adolescence or Early Adulthood

PERSONALITY DISORDERS

- Cluster A:
  - Paranoid
  - Schizoid
  - Schizotypal

PERSONALITY DISORDERS

- Cluster B:
  - Antisocial
  - Borderline
  - Histrionic
  - Narcissistic

PERSONALITY DISORDERS

- Cluster C:
  - Avoidant
  - Dependent
  - Obsessive-Compulsive